

NICCI KOBRITZ TRANSFORMS HOME HEALTH CARE MODEL INTO 'BOUTIQUE' PRACTICE  
 SARASOTA, Florida — Nicci Kobritz has retooled Youthful Aging Home Health and the home health care delivery model, creating one of the nation's first, if not the first, home health care "boutique" practice.

"We have spent the past four years in research and practicing how best to effectively deliver a boutique practice," Kobritz says. "Given it is the only model in the country, there is no blueprint. We restructured our company infrastructure, and our business and professional practices."

Advances in technology are enabling people to live longer, but not necessarily better. The 85 and older is the fastest-growing segment of our population. Yet it is this population that is more likely to be overwhelmed with chronic and acute conditions leading to a progressive loss of independence. Soon comes the need for home care, assisted living, and then nursing home care.

Kobritz hopes to slow this progressive loss of independence. The Youthful Aging Home Health boutique model, while providing a traditional menu of services, is far from traditional in its delivery.

The boutique delivery model customizes a health and wellness service focusing on memory and mobility, the two most important dynamics in preserving independence. Caregivers support the health and wellness service while assisting with activities of daily living.

Youthful Aging Home Health model vs.	traditional home health model
• Limits the number of clients served	• Volume-driven business
• Maintains continuity of care as clients interview and select their caregivers who commit to a long-term assignments	• Staffing process uses the first available caregiver resulting in multiple caregivers
• Employs professional caregivers supported by a nursing instructor to ensure adaptation of required skills and accountability	• Employs caregivers with varied skill levels and limited supervision
• Strong, proactive rehabilitation programs, including exercise physiologist	• Rehabilitation is reactive; introduced only when a physician orders therapy
• Use of best-practice Brain Fitness Programs for memory enhancement	• Memory programs not included
• Continues oversight of medical client's medical condition and partners with physicians to ensure stability	• Initial medical treatment limited to admission requirements

Kobritz began her private agency in Sarasota 15 years ago. Today, Youthful Aging employs more than 100 caregivers, providing clients in Sarasota and Manatee counties short-term, long-

term and end-of-life care. Because of the quality of its care delivery, educational infrastructure and clinical oversight systems, it is a training site for Florida State University College of Medicine medical students.

On average, Youthful Aging's fees are 20 percent higher than those of traditional home health care agencies. Clients are interviewed to determine their level of care and to determine an individual package. Services can range from a few hours a week to 24/7 care with a live-in caregiver.

"We care for some of Sarasota's most distinguished families," Kobritz says.

"CEOs of Fortune 500 companies select our boutique practice for their family members. We also provide expertise and advice on more complex individual and family situations."

Demand continues to grow, she says, for the agency's geriatric care and specialized behavior management services for clients with dementia. In addition to physical therapy, personal fitness training and art therapy, Youthful Aging's rehabilitation staff uses therapeutic art memory programs, including Brain Age the Posit Science & Mind Fit programs for early memory loss and to preserve healthy memory.

### **Nicci Kobritz**

Nicci Kobritz is the founder, owner and president of Youthful Aging Home Health. A nurse practitioner and a geriatric specialist, Kobritz has developed and managed health care programs for more than 30 years. She holds an advanced degree in health care administration. Kobritz served as a cabinet member for the governor of Maine, directing community services. She is a member of the National Care Managers Association and writes occasionally for the *Home Health Care Management & Practice* industry journal.

Kobritz, active in the Sarasota business and civic communities, was named the Sarasota United Way Volunteer of the Year in 1998. In 1999, she was recognized as a Greater Sarasota Chamber of Commerce Small Business of the Year Award finalist. Kobritz also was recognized in the community as a "Role Model for Young Women."

### **Home Health Care Market Grows**

Demand for home-based care services is increasing in response to payer incentives, which favor home-based care over hospitalization, patient preferences and technology advances that allow many chronic conditions to be treated at home. Demand for home health care is expected to grow faster than the overall market because of an aging U.S. population and an increase in chronic and co-morbid conditions treatable at home.

The U.S. home care industry, which began in the 1880s, includes more than 83,000 home health care agencies, home care aide organizations, and hospices that care for approximately 7.6 million people who suffer with acute illness, long-term health conditions, permanent disability, or terminal illness.<sup>1</sup>

In 2007, U.S. home care expenditures were estimated at \$57.6 billion. Home health

spending is expected to remain one of the fastest-growing health sectors, climbing a projected 7.7 percent per year and reaching \$119.0 billion by 2017. Medicare and Medicaid are expected to account for 84 percent of home health care spending by 2017.<sup>2</sup>

Demand for health care services remains strong and out-of-pocket spending is growing. The Centers for Medicare & Medicaid Services (CMS) projected total national expenditures for health care in 2007 at \$2.2 trillion (16.3 percent of GDP), anticipating increases to 19.5 percent by 2017.<sup>3</sup>

Out-of-pocket spending growth for 2007 was projected to be 5.0 percent, reaching 6.0 percent in 2017, nearly equaling the growth rate of private health insurance spending, as employers and insurers pass on future health care costs to private health insurance enrollees.<sup>4</sup>

Total home care spending is difficult to estimate due to limitations of data sources. These estimates do not include spending for home care services that are unavailable in the national health accounts data; for example, payments made by consumers directly to independent providers such as Youthful Aging Home Health.

1. U.S. Census Bureau, 2002 Economic Census ([www.census.gov](http://www.census.gov)) (October 2004).
2. Centers for Medicare & Medicaid Services, Office of the Actuary (January 2008).  
participating in Medicare.
3. Keehan, Sean, A. Sisako, C. Truffer, S. Smith, A. Sisko, C. Cowan, et al. "Health Spending Projections Through 2017: The Baby Boom Generation Is Coming to Medicare" *Health Affairs*, Web Exclusive, W145-155 (February 26, 2008).
4. "National Health Expenditure Projections 2007-2017," Centers for Medicare & Medicaid Services online, [www.cms.hhs.gov](http://www.cms.hhs.gov). (January 2008).